

<i>SERFF Tracking Number:</i>	<i>STLH-127251399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>49057</i>
<i>Company Tracking Number:</i>	<i>2011 AR CY BHS</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Basic Hospital Surgical</i>		
<i>Project Name/Number:</i>	<i>2011 AR CY BHS/</i>		

## Filing at a Glance

Company: State Farm Mutual Automobile Insurance Company

Product Name: Basic Hospital Surgical

SERFF Tr Num: STLH-127251399 State: Arkansas

TOI: H151 Individual Health -

SERFF Status: Closed-Approved- State Tr Num: 49057

Hospital/Surgical/Medical Expense

Closed

Sub-TOI: H151.001 Health -

Co Tr Num: 2011 AR CY BHS

State Status: Approved-Closed

Hospital/Surgical/Medical Expense

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Barb Baxter, Debbie Bryant, Emily Byrnes

Disposition Date: 06/23/2011

Date Submitted: 06/15/2011

Disposition Status: Approved-Closed

Implementation Date Requested: 09/01/2011

Implementation Date: 06/23/2011

State Filing Description:

## General Information

Project Name: 2011 AR CY BHS

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type: Non Employer Group - Individual

Overall Rate Impact: 12.6%

Filing Status Changed: 06/23/2011

State Status Changed: 06/23/2011

Deemer Date:

Created By: Debbie Bryant

Submitted By: Debbie Bryant

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Enclosed on behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois are revised rates to be used with the above referenced forms.

<i>SERFF Tracking Number:</i>	<i>STLH-127251399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>49057</i>
<i>Company Tracking Number:</i>	<i>2011 AR CY BHS</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Basic Hospital Surgical</i>		
<i>Project Name/Number:</i>	<i>2011 AR CY BHS/</i>		

We are revising the rates for the Hospital Surgical Policy Forms 97001, 97013, 97023, 97032 series, and Basic Hospital Surgical Policy Form 97047AR. In addition, we are revising the rates included on Rider Forms 99246, 99337, 99390, and 99391 attached to Policy Form 97032 series. The revised rate tables represent a 12.6% increase over the present tables effective September 1, 2011, or as soon thereafter as possible. The revised rate tables are attached. Also attached is an actuarial memorandum, which describes in detail the pertinent information about this rate increase.

Included in this filing are the following:

- \* An actuarial memorandum
- \* Revised rate tables
- \* Fee schedule
- \* Certificate of Compliance
- \* An EFT in the amount of \$50

We request your approval of these revised rates. Please note that all of these forms are closed blocks of business.

Sincerely,

Emily Byrnes  
 Actuarial Analyst Trainee  
 Phone: (309) 763-6988  
 Fax: (309) 766-1827  
 Email: emily.byrnes.ml1j@statefarm.com

## Company and Contact

### Filing Contact Information

Emily Byrnes, Actuarial Analyst Trainee	Emily.Byrnes.ML1J@statefarm.com
One State Farm Plaza	309-763-6988 [Phone]
Bloomington, IL 61710	309-766-1827 [FAX]

### Filing Company Information

State Farm Mutual Automobile Insurance Company	CoCode: 25178	State of Domicile: Illinois
One State Farm Plaza	Group Code:	Company Type:
Life/Health Actuarial, B-1	Group Name:	State ID Number:

SERFF Tracking Number: STLH-127251399 State: Arkansas  
Filing Company: State Farm Mutual Automobile Insurance State Tracking Number: 49057  
Company  
Company Tracking Number: 2011 AR CY BHS  
TOI: H151 Individual Health - Sub-TOI: H151.001 Health - Hospital/Surgical/Medical  
Hospital/Surgical/Medical Expense Expense  
Product Name: Basic Hospital Surgical  
Project Name/Number: 2011 AR CY BHS/  
Bloomington, IL 61710 FEIN Number: 37-0533100  
(309) 766-5188 ext. [Phone]  
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## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
State Farm Mutual Automobile Insurance Company	\$50.00	06/15/2011	48719854

SERFF Tracking Number:	STLH-127251399	State:	Arkansas
Filing Company:	State Farm Mutual Automobile Insurance Company	State Tracking Number:	49057
Company Tracking Number:	2011 AR CY BHS		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	Basic Hospital Surgical		
Project Name/Number:	2011 AR CY BHS/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/23/2011	06/23/2011

### Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	06/15/2011	06/15/2011	Emily Byrnes	06/21/2011	06/21/2011

<i>SERFF Tracking Number:</i>	<i>STLH-127251399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>49057</i>
<i>Company Tracking Number:</i>	<i>2011 AR CY BHS</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Basic Hospital Surgical</i>		
<i>Project Name/Number:</i>	<i>2011 AR CY BHS/</i>		

## Disposition

Disposition Date: 06/23/2011

Implementation Date: 06/23/2011

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed by Actuary

Comment:

We have approved a 5% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Farm Mutual Automobile Insurance Company	12.600%	12.600%	\$172,136	185	\$1,366,160	12.600%	12.600%
<b>Percent Change Approved:</b>							

<i>SERFF Tracking Number:</i>	<i>STLH-127251399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>49057</i>
<i>Company Tracking Number:</i>	<i>2011 AR CY BHS</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Basic Hospital Surgical</i>		
<i>Project Name/Number:</i>	<i>2011 AR CY BHS/</i>		
<b>Minimum:</b>	<b>5.0%</b>	<b>Maximum:</b>	<b>5.0%</b>
		<b>Weighted Average:</b>	<b>5.0%</b>

SERFF Tracking Number: *STLH-127251399* State: *Arkansas*

Filing Company: *State Farm Mutual Automobile Insurance Company* State Tracking Number: *49057*

Company Tracking Number: *2011 AR CY BHS*

TOI: *H151 Individual Health - Hospital/Surgical/Medical Expense* Sub-TOI: *H151.001 Health - Hospital/Surgical/Medical Expense*

Product Name: *Basic Hospital Surgical*

Project Name/Number: *2011 AR CY BHS/*

<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Health - Actuarial Justification	Approved-Closed	No
<b>Supporting Document</b>	Cover Letter	Approved-Closed	Yes
<b>Supporting Document</b>	Certificate of Compliance	Approved-Closed	Yes
<b>Supporting Document</b>	Fee Schedule	Approved-Closed	Yes
<b>Rate (revised)</b>	Basic Hospital Surgical	Approved-Closed	Yes
<b>Rate</b>	Basic Hospital Surgical	Replaced	Yes

SERFF Tracking Number: STLH-127251399 State: Arkansas  
Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 49057  
Company Tracking Number: 2011 AR CY BHS  
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense  
Product Name: Basic Hospital Surgical  
Project Name/Number: 2011 AR CY BHS/

## Objection Letter

Objection Letter Status Pending Industry Response  
Objection Letter Date 06/15/2011  
Submitted Date 06/15/2011

Respond By Date

Dear Emily Byrnes,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy, our Department will consider no more than a 5% rate increase on this block of business. If you wish to accept the 5%, please submit a copy of the rates reflecting the 5%.

We appreciate your understanding and cooperation.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor



SERFF Tracking Number: STLH-127251399 State: Arkansas  
Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 49057  
Company Tracking Number: 2011 AR CY BHS  
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense  
Product Name: Basic Hospital Surgical  
Project Name/Number: 2011 AR CY BHS/

## Response Letter

Response Letter Status Submitted to State  
Response Letter Date 06/21/2011  
Submitted Date 06/21/2011

Dear Rosalind Minor,

### Comments:

### Response 1

Comments: We will accept the 5.0% rate increase offered for this filing. However, we believe that our rates are actuarially justified, and as such, do not want this to preclude us from pursuing larger rate changes in the future.

### Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy, our Department will consider no more than a 5% rate increase on this block of business. If you wish to accept the 5%, please submit a copy of the rates reflecting the 5%.

We appreciate your understanding and cooperation.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

### Rate/Rule Schedule Item Changes

Document Name: Affected Form Numbers: Rate Action: Rate Action Information: Attach Document:

SERFF Tracking Number: STLH-127251399 State: Arkansas  
Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 49057  
Company Tracking Number: 2011 AR CY BHS  
TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense  
Product Name: Basic Hospital Surgical  
Project Name/Number: 2011 AR CY BHS/  
Basic Hospital 97047 Revised Previous State Filing Number  
Surgical  
Percent Rate Change Request  
5

**Previous Version**

Basic Hospital 97047 Revised Previous State Filing Number  
Surgical  
Percent Rate Change Request  
12.6

Sincerely,  
Barb Baxter, Debbie Bryant, Emily Byrnes

SERFF Tracking Number:	STLH-127251399	State:	Arkansas
Filing Company:	State Farm Mutual Automobile Insurance Company	State Tracking Number:	49057
Company Tracking Number:	2011 AR CY BHS		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	Basic Hospital Surgical		
Project Name/Number:	2011 AR CY BHS/		

## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Increase
<b>Overall Percentage of Last Rate Revision:</b>	25.400%
<b>Effective Date of Last Rate Revision:</b>	09/01/2007
<b>Filing Method of Last Filing:</b>	SERFF

## Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
State Farm Mutual Automobile Insurance Company	Increase	12.600%	12.600%	\$172,136	185	\$1,366,160	12.600%	12.600%
<b>Product Type:</b>	<b>HMO</b>	<b>PPO</b>	<b>EPO</b>	<b>POS</b>	<b>HSA</b>	<b>HDHP</b>	<b>FFS</b>	<b>Other</b>
<b>Covered Lives:</b>								245
<b>Policy Holders:</b>								185

SERFF Tracking Number:	STLH-127251399	State:	Arkansas
Filing Company:	State Farm Mutual Automobile Insurance Company	State Tracking Number:	49057
Company Tracking Number:	2011 AR CY BHS		
TOI:	H151 Individual Health - Hospital/Surgical/Medical Expense	Sub-TOI:	H151.001 Health - Hospital/Surgical/Medical Expense
Product Name:	Basic Hospital Surgical		
Project Name/Number:	2011 AR CY BHS/		

## Rate Review Details

### COMPANY:

Company Name:	State Farm Mutual Automobile Insurance Company
HHS Issuer Id:	00000
Product Names:	Basic Hospital Surgical
Trend Factors:	10.7%

### FORMS:

New Policy Forms:	
Affected Forms:	97047
Other Affected Forms:	

### REQUESTED RATE CHANGE

#### INFORMATION:

Change Period:	Annual
Member Months:	546
Benefit Change:	Increase
Percent Change Requested:	Min: 12.6 Max: 12.6 Avg: 12.6

#### PRIOR RATE:

Total Earned Premium:	1,454,805.00
Total Incurred Claims:	782,632.00
Annual \$:	Min: 70.60 Max: 25,616.56 Avg: 7,385.00

#### REQUESTED RATE:

Projected Earned Premium:	1,292,185.00
Projected Incurred Claims:	1,032,456.00
Annual \$:	Min: 70.60 Max: 28,844.25 Avg: 8,315.00

SERFF Tracking Number: STLH-127251399 State: Arkansas

Filing Company: State Farm Mutual Automobile Insurance Company State Tracking Number: 49057

Company Tracking Number: 2011 AR CY BHS

TOI: H151 Individual Health - Hospital/Surgical/Medical Expense Sub-TOI: H151.001 Health - Hospital/Surgical/Medical Expense

Product Name: Basic Hospital Surgical

Project Name/Number: 2011 AR CY BHS/

## Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:*	Rate Action Information:	Attachments
Approved-Closed 06/23/2011	Basic Hospital Surgical	97047	Revised	Previous State Filing Number: Percent Rate Change Request: 5.000	2011 Arkansas (CC CI)-C19.pdf 2011 Arkansas (Riders)-YC.pdf 2011 Arkansas(CQ)-P13.pdf 2011 Arkansas(CY)-S53.pdf

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
BLOOMINGTON, ILLINOIS

HOSPITAL-SURGICAL POLICY - FORM 97013 & 97001  
STEP RATE PREMIUMS

PROPOSED RATES

Includes Hospital Daily Benefit, Miscellaneous In-Hospital Expense, Surgical Expense, Physicians In-Hospital Expense,  
Emergency Accident Expense and Extended Care Benefit

INDIVIDUAL MALE

Daily Benefit	Surgical Expense	Premium Mode	Attained Age								
			16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65+*
\$20	\$600	A	116.8	122	127.1	144.8	169.5	201	236.4	274.4	137.2
		S	59.5	62.2	64.8	73.8	86.5	102.6	120.4	140	70
		Q	30.5	31.7	33.1	37.7	44.1	52.3	61.5	71.4	35.7
\$30	\$600	A	136.4	142.9	149.4	172.2	203.9	244.7	290.7	339.7	169.9
		S	69.5	73	76.2	87.8	104.1	124.8	148.3	173.3	86.6
		Q	35.6	37.2	38.9	44.7	53	63.6	75.6	88.3	44.2
\$40	\$1,000	A	166.2	174.8	183.4	213.2	254.6	307.9	368.6	433.8	216.9
		S	84.6	89.1	93.7	108.8	129.8	157	188.1	221.2	110.7
		Q	43.2	45.6	47.8	55.4	66.2	80	95.8	112.7	56.4
\$50	\$1,000	A	184.1	193.9	203.8	237.9	285.8	347.4	418.2	493.9	247
		S	93.9	98.9	103.8	121.4	145.7	177.2	213.2	251.9	126
		Q	47.9	50.4	53	61.8	74.2	90.3	108.8	128.5	64.3
\$60	\$1,500	A	215.8	228.1	240.1	281.8	340	414.8	501	594.1	297
		S	110	116.2	122.4	143.6	173.5	211.6	255.5	302.9	151.5
		Q	56.1	59.2	62.4	73.2	88.3	107.8	130.2	154.5	77.3
\$70	\$1,500	A	233.7	246.9	260.4	306.5	371.3	454.7	550.7	654.2	327.1
		S	119.2	126	132.8	156.2	189.3	231.8	280.9	333.5	166.7
		Q	60.7	64.3	67.8	79.7	96.5	118.1	143.2	170	85.1
\$80	\$1,500	A	251.5	266.1	280.8	331.3	402.5	494.3	600.3	714.3	357.2
		S	128.4	135.8	143.2	168.8	205.3	252.1	306.2	364.2	182.2
		Q	65.4	69.3	73	86	104.6	128.5	156	185.6	92.8

INDIVIDUAL FEMALE

Daily Benefit	Surgical Expense	Premium Mode	Attained Age								
			16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65+*
\$20	\$600	A	146.4	179.9	205.5	225.6	233.9	238.9	244.7	274.4	137.2
		S	74.7	91.8	104.8	115.1	119.3	121.8	124.8	140	70
		Q	38	46.7	53.4	58.6	60.8	62.1	63.6	71.4	35.7
\$30	\$600	A	170.7	211.6	243.2	269.1	281.8	289.4	299.1	339.7	169.9
		S	87	107.8	124	137.3	143.6	147.6	152.5	173.3	86.6
		Q	44.4	54.9	63.2	70	73.2	75.3	77.8	88.3	44.2
\$40	\$1,000	A	212.6	267.6	310.6	344.2	359.6	368.8	382.4	433.8	216.9
		S	108.5	136.5	158.4	175.6	183.4	188.2	194.9	221.2	110.7
		Q	55.3	69.5	80.7	89.4	93.7	95.9	99.4	112.7	56.4
\$50	\$1,000	A	234.8	296.8	344.7	383.7	402.8	414.5	432.2	493.9	247
		S	119.7	151.3	175.8	195.6	205.4	211.5	220.4	251.9	126
		Q	61	77.2	89.6	99.9	104.8	107.7	112.5	128.5	64.3
\$60	\$1,500	A	280.2	358.2	418.5	465.6	487.4	500.3	528.6	594.1	297
		S	142.9	182.8	213.5	237.5	248.6	255.2	269.5	302.9	151.5
		Q	73	93.1	108.9	121.2	126.6	130.1	137.4	154.5	77.3
\$70	\$1,500	A	302.3	387.2	452.7	504.9	530.3	546	578.4	654.2	327.1
		S	154.4	197.4	230.8	257.6	270.3	278.5	294.9	333.5	166.7
		Q	78.8	100.6	117.7	131.3	137.9	142.1	150.4	170	85.1
\$80	\$1,500	A	324.3	416.1	486.7	544.1	573.3	591.6	628.4	714.3	357.2
		S	165.5	212.1	248.3	277.4	292.3	301.8	320.5	364.2	182.2
		Q	84.3	108.2	126.5	141.4	149.1	153.8	163.4	185.6	92.8

\*Renewals Only

Modes Other Than Annual:

Semiannual Mode:

51% of Annual

Quarterly Mode:

26% of Annual

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
BLOOMINGTON, ILLINOIS

HOSPITAL-SURGICAL POLICY - FORM 97013 & 97001  
STEP RATE PREMIUMS

Includes Hospital Daily Benefit, Miscellaneous In-Hospital Expense, Surgical Expense, Physicians In-Hospital Expense, Emergency Accident Expense and Extended Care Benefit

HUSBAND AND WIFE

Daily Benefit	Surgical Expense		Attained Age								
			16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65+*
\$20	\$600	A	249	267.4	302.6	343.9	383.8	422.5	463.1	516.4	258.2
		S	127.1	136.4	154.5	175.4	195.8	215.6	236.3	263.4	131.8
		Q	64.7	69.5	78.8	89.4	99.9	109.9	120.3	134.2	67.1
\$30	\$600	A	292.7	315.5	359.1	411.3	463.6	514.8	569.3	640.4	320.3
		S	149.3	160.9	183.1	209.8	236.5	262.5	290.4	326.7	163.4
		Q	76.2	82	93.3	106.9	120.4	133.8	148.2	166.4	83.3
\$40	\$1,000	A	364.4	395.1	453.9	522.7	590.5	656.5	728.2	822	411.1
		S	185.7	201.6	231.5	266.5	301.1	334.8	371.3	419.3	209.7
		Q	94.8	102.7	118	135.9	153.5	170.7	189.3	213.8	106.9
\$50	\$1,000	A	404.1	439	505.3	583.6	662.7	740.4	825.1	936.1	468.1
		S	206.1	223.9	257.7	297.6	338	377.6	420.8	477.4	238.8
		Q	105.1	114.1	131.4	151.8	172.2	192.7	214.5	243.5	121.8
\$60	\$1,500	A	481.5	524.8	608	704.6	799.7	892.7	998	1134.2	567.1
		S	245.6	267.6	310	359.3	407.8	455.3	509	578.4	289.3
		Q	125.3	136.4	158.1	183.1	207.9	232.1	259.6	294.8	147.4
\$70	\$1,500	A	521.4	568.7	659.4	765.5	871.8	976.7	1095.3	1248.2	624.1
		S	266	290.1	336.3	390.3	444.7	498.1	558.5	636.6	318.4
		Q	135.5	147.8	171.6	199.1	226.6	254	284.8	324.6	162.3
\$80	\$1,500	A	561.2	612.6	710.3	826.4	943.8	1060.3	1192.3	1363	681.6
		S	286.2	312.3	362.4	421.5	481.4	540.8	608.1	695.1	347.6
		Q	145.8	159.3	184.6	214.9	245.4	275.7	310	354.4	177.2

Husband and Wife premiums are based on the Attained Age of Husband

CHILD  
No. of Children Insured

Daily Benefit **	Surgical Expense **		Each			
			1	2	3	Additional
\$20	\$600	A	74.10	148.30	222.40	74.10
		S	37.90	75.70	113.60	37.90
		Q	19.30	38.50	58.00	19.30
\$30	\$600	A	87.70	175.40	262.90	87.70
		S	44.60	89.30	133.90	44.60
		Q	22.80	45.70	68.50	22.80
\$40	\$1,000	A	113.00	226.10	339.00	113.00
		S	57.60	115.20	172.90	57.60
		Q	29.40	58.60	88.00	29.40
\$50	\$1,000	A	125.00	249.90	374.90	125.00
		S	63.60	127.40	190.90	63.60
		Q	32.30	64.80	97.30	32.30
\$60	\$1,500	A	153.40	306.80	460.20	153.40
		S	78.20	156.50	234.80	78.20
		Q	39.90	79.80	119.80	39.90
\$70	\$1,500	A	166.20	332.30	498.60	166.20
		S	84.60	169.50	254.10	84.60
		Q	43.20	86.40	129.60	43.20
\$80	\$1,500	A	178.80	357.70	536.60	178.80
		S	91.20	182.40	273.60	91.20
		Q	46.60	93.10	139.70	46.60

\*\* Child's Daily Benefit and Surgical Maximum must be the same as Insured's

\*Renewals Only

Modes Other Than Annual:

Semiannual Mode: 51% of Annual  
Quarterly Mode: 26% of Annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99246  
\$250,000 Lifetime Maximum Benefit  
\$3,000 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 40-\$ 80	\$4,935.20	\$8,638.00	\$12,340.30	\$6,170.20	\$6,171.60
100-120	\$4,555.00	\$7,973.20	\$11,387.90	\$5,693.90	\$5,694.60
140-160	\$4,177.50	\$7,310.40	\$10,445.10	\$5,222.60	\$5,221.80
180-200	\$3,798.90	\$6,642.70	\$9,493.30	\$4,746.80	\$4,745.90
220+	\$3,418.30	\$5,983.00	\$8,544.60	\$4,272.50	\$4,275.60

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual



State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99337  
\$1,000,000 Lifetime Maximum Benefit  
\$1,500 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 40-\$ 80	\$7,422.10	\$12,989.30	\$18,555.80	\$9,278.10	\$9,277.60
100-120	\$6,851.60	\$11,989.20	\$17,124.80	\$8,562.50	\$8,566.30
140-160	\$6,281.80	\$10,993.00	\$15,704.90	\$7,852.50	\$7,850.50
180-200	\$5,709.90	\$9,989.30	\$14,272.90	\$7,136.40	\$7,136.60
220+	\$5,139.40	\$8,996.60	\$12,848.50	\$6,424.30	\$6,426.90

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99246  
\$1,000,000 Lifetime Maximum Benefit  
\$3,000 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 40-\$ 80	\$5,195.90	\$9,093.00	\$12,989.30	\$6,494.80	\$6,495.00
100-120	\$4,794.60	\$8,392.30	\$11,988.40	\$5,994.20	\$5,995.20
140-160	\$4,398.10	\$7,695.20	\$10,993.90	\$5,497.10	\$5,494.50
180-200	\$3,998.00	\$6,992.20	\$9,993.10	\$4,996.60	\$4,996.00
220+	\$3,598.60	\$6,296.70	\$8,994.60	\$4,497.20	\$4,499.50

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99390  
\$1,000,000 Lifetime Maximum Benefit  
\$2,500 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 60-\$ 80	\$5,939.60	\$10,392.80	\$14,844.50	\$7,422.20	\$7,422.10
100-120	\$5,481.30	\$9,592.20	\$13,700.30	\$6,850.30	\$6,851.60
140-160	\$5,025.80	\$8,794.90	\$12,564.20	\$6,282.20	\$6,281.80
180-200	\$4,567.00	\$7,990.30	\$11,417.80	\$5,709.00	\$5,709.90
220+	\$4,111.20	\$7,196.90	\$10,277.10	\$5,138.60	\$5,142.00

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99391  
\$1,000,000 Lifetime Maximum Benefit  
\$5,000 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 60-\$ 80	\$4,453.80	\$7,794.90	\$11,133.00	\$5,566.80	\$5,566.90
100-120	\$4,111.20	\$7,196.90	\$10,277.10	\$5,138.60	\$5,142.00
140-160	\$3,770.00	\$6,597.70	\$9,424.60	\$4,712.50	\$4,711.00
180-200	\$3,423.80	\$5,993.50	\$8,562.50	\$4,281.40	\$4,278.90
220+	\$3,086.80	\$5,398.40	\$7,713.40	\$3,856.90	\$3,857.80

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

HOSPITAL-SURGICAL POLICY - FORM 97032 SERIES  
ANNUAL STEP RATE PREMIUMS WITHOUT SURGICAL SCHEDULES

HDB			16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$40	ADULT CHILD	1,036.70	1,042.00	1,135.30	1,345.20	1,566.60	1,841.30	2,264.70	2,986.40	3,219.50	1,610.00
\$60	ADULT CHILD	1,430.10	1,436.40	1,564.60	1,857.60	2,171.90	2,549.40	3,132.80	4,066.30	4,399.00	2,199.40
\$80	ADULT CHILD	1,660.90	1,665.70	1,812.60	2,158.00	2,531.10	2,976.40	3,652.20	4,694.10	5,081.20	2,540.60
\$100	ADULT CHILD	1,886.50	1,891.70	2,057.90	2,452.50	2,883.60	3,391.40	4,160.40	5,309.30	5,747.90	2,874.00
\$120	ADULT CHILD	2,095.20	2,101.20	2,284.20	2,726.20	3,210.50	3,782.10	4,634.40	5,881.50	6,369.30	3,184.50
\$140	ADULT CHILD	2,296.80	2,302.80	2,501.10	2,988.60	3,525.90	4,154.00	5,088.50	6,433.80	6,966.50	3,483.10
\$160	ADULT CHILD	2,514.90	2,520.20	2,734.90	3,272.00	3,864.40	4,556.50	5,577.90	7,028.20	7,609.20	3,804.60
\$180	ADULT CHILD	2,727.60	2,732.70	2,965.70	3,549.30	4,195.90	4,947.90	6,056.50	7,610.80	8,241.80	4,120.60
\$200	ADULT CHILD	2,968.90	2,973.90	3,226.90	3,864.40	4,571.20	5,392.30	6,598.50	8,269.50	8,955.60	4,477.80
\$220	ADULT CHILD	3,210.50	3,215.50	3,487.80	4,178.90	4,947.90	5,836.60	7,140.30	8,930.30	9,672.40	4,836.20
\$240	ADULT CHILD	3,452.10	3,457.40	3,748.90	4,493.70	5,322.90	6,280.40	7,680.50	9,590.30	10,386.40	5,193.10
\$260	ADULT CHILD	3,693.70	3,698.80	4,010.80	4,808.60	5,699.10	6,724.30	8,222.70	10,251.60	11,102.40	5,551.50
\$280	ADULT CHILD	3,935.40	3,940.80	4,271.90	5,123.70	6,073.50	7,168.80	8,764.90	10,910.40	11,816.00	5,908.00
\$300	ADULT CHILD	4,176.50	4,182.30	4,533.70	5,438.30	6,449.60	7,611.30	9,307.00	11,572.80	12,532.00	6,266.10
\$320	ADULT CHILD	4,418.40	4,423.80	4,794.60	5,753.60	6,825.40	8,057.30	9,848.00	12,230.60	13,247.30	6,623.80
\$340	ADULT CHILD	4,659.90	4,665.20	5,055.60	6,068.70	7,201.50	8,499.60	10,389.40	12,893.00	13,963.80	6,981.80
\$360	ADULT CHILD	4,901.00	4,907.10	5,316.90	6,382.80	7,576.40	8,944.60	10,930.80	13,551.50	14,677.00	7,338.70
\$380	ADULT CHILD	5,143.00	5,148.30	5,577.90	6,698.20	7,951.10	9,388.70	11,472.20	14,211.60	15,391.70	7,696.10
\$400	ADULT CHILD	5,384.50	5,389.90	5,838.10	7,012.80	8,325.70	9,833.30	12,012.50	14,870.40	16,106.30	8,053.20
\$420	ADULT CHILD	5,625.20	5,630.20	6,099.70	7,326.50	8,700.90	10,276.40	12,555.30	15,529.60	16,822.80	8,411.40
\$440	ADULT CHILD	5,865.20	5,871.10	6,360.50	7,640.90	9,076.30	10,719.70	13,097.20	16,188.50	17,539.00	8,769.60
\$460	ADULT CHILD	6,106.40	6,111.30	6,621.50	7,954.60	9,451.80	11,162.90	13,640.40	16,847.00	18,254.30	9,127.30
\$480	ADULT CHILD	6,346.70	6,352.40	6,882.40	8,268.20	9,826.60	11,606.00	14,182.60	17,506.20	18,971.00	9,485.40

ADULT CHILD		16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
	143.60	143.80	155.60	187.30	223.70	264.50	323.70	393.60	428.00	213.80

		16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
ADULT CHILD	16.00	16.00	18.10	22.20	24.30	24.60	29.90	35.40	35.40	17.60

Semiannual Mode:	51% of Annual	1	1.00
Quarterly Mode:	26% of Annual	2	2.00
		3 or more	3.00

500	6508.7	7051.1	8472.1	10072.3	11896.9	14539.6	17928.2	19432.8	9715.7
	6502.5								
520	6738.1	7299.3	8770.9	10429.1	12318.7	15055.8	18556	20115.4	10056.7
	6731.5								
540	6967.5	7547.5	9069.7	10785.9	12740.5	15572	19183.8	20798	10397.7
	6960.5								
560	7196.9	7795.7	9368.5	11142.7	13162.3	16088.2	19811.6	21480.6	10738.7
	7189.5								
580	7426.3	8043.9	9667.3	11499.5	13584.1	16604.4	20439.4	22163.2	11079.7
	7418.5								
600	7655.7	8292.1	9966.1	11856.3	14005.9	17120.6	21067.2	22845.8	11420.7
	7647.5								

State Farm Mutual Automobile Insurance Company  
 Bloomington, Illinois  
 Basic Hospital-Surgical Policy  
 Form 97047AR  
 Annual Premiums  
 Base Table  
 Tobacco Rates

\$100 Deductible

	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>	<u>Each Child</u>
Male	7,535.57	8,033.94	8,445.96	10,513.81	12,615.34	17,561.83	23,348.84	26,897.39	13,448.69	6,355.08
Female	11,073.35	12,909.57	13,506.37	14,436.95	15,266.78	17,181.02	19,628.48	21,966.66	10,983.35	6,355.08
Male	6,027.25	6,427.22	6,757.40	8,411.03	10,092.24	14,049.19	18,678.62	21,518.75	10,759.39	5,083.43
Female	8,858.93	10,327.63	10,804.31	11,548.98	12,214.24	13,744.17	15,702.82	17,572.65	8,786.34	5,083.43
Male	4,821.53	5,140.88	5,405.17	6,728.53	8,073.56	11,239.05	14,942.62	17,214.62	8,607.36	4,066.26
Female	7,086.35	8,262.09	8,643.98	9,239.52	9,770.40	10,995.29	12,562.46	14,058.73	7,029.38	4,066.26
Male	3,918.48	4,176.75	4,391.70	5,466.39	6,560.40	9,131.54	12,141.00	13,986.74	6,993.40	3,304.85
Female	5,758.34	6,712.92	7,023.87	7,506.73	7,939.06	8,933.35	10,206.29	10,990.11	5,495.11	3,304.85
Male	3,014.22	3,213.58	3,379.30	4,205.54	5,046.20	7,025.28	9,339.20	10,759.94	5,379.98	2,542.31
Female	4,430.17	4,117.88	5,402.73	5,775.14	6,107.69	6,872.64	7,851.38	8,786.91	4,393.43	2,542.31
Male	2,410.82	2,570.46	2,702.62	3,364.31	4,036.81	5,619.51	7,471.34	8,607.40	4,303.75	2,033.12
Female	3,543.20	4,131.06	4,322.03	4,619.80	4,885.23	5,497.59	6,281.22	7,029.37	3,514.68	2,033.12

Table S53  
 Arkansas

<i>SERFF Tracking Number:</i>	<i>STLH-127251399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>49057</i>
<i>Company Tracking Number:</i>	<i>2011 AR CY BHS</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Basic Hospital Surgical</i>		
<i>Project Name/Number:</i>	<i>2011 AR CY BHS/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Health - Actuarial Justification	Approved-Closed	06/23/2011
<b>Comments:</b>		
<b>Attachment:</b>		
2011 AR (Hospital Surgical) - Actuarial Memorandum.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Cover Letter	Approved-Closed	06/23/2011
<b>Comments:</b>		
<b>Attachment:</b>		
2011 AR Cover Letter.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Certificate of Compliance	Approved-Closed	06/23/2011
<b>Comments:</b>		
<b>Attachment:</b>		
2011 AR (CY & CQ) Certif of Compliance with Rule 19.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Fee Schedule	Approved-Closed	06/23/2011
<b>Comments:</b>		
<b>Attachment:</b>		
2011 AR (CY & CQ) Fee Schedule.pdf		

**State Farm Mutual Automobile  
Insurance Company**

Home Office, Bloomington, Illinois 61710



June 9, 2011

Arkansas Insurance Department  
Life and Health Division  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

Re: State Farm Mutual Automobile Insurance Company  
Revised Geographic Average Rates  
Hospital Surgical Policy Forms 97001, 97013, 97023, 97032 series, and 97047AR; and riders  
99246, 99337, 99390, and 99391 attached to Policy Form 97032 series

Dear Sir or Madam:

Enclosed on behalf of State Farm Mutual Automobile Insurance Company of Bloomington, Illinois are revised rates to be used with the above referenced forms.

We are revising the rates for the Hospital Surgical Policy Forms 97001, 97013, 97023, 97032 series, and Basic Hospital Surgical Policy Form 97047AR. In addition, we are revising the rates included on Rider Forms 99246, 99337, 99390, and 99391 attached to Policy Form 97032 series. The revised rate tables represent a 12.6% increase over the present tables effective September 1, 2011, or as soon thereafter as possible. The revised rate tables are attached. Also attached is an actuarial memorandum, which describes in detail the pertinent information about this rate increase.

Included in this filing are the following:

- \* An actuarial memorandum
- \* Revised rate tables
- \* Fee schedule
- \* Certificate of Compliance
- \* Intake Survey
- \* An EFT in the amount of \$50

We request your approval of these revised rates. Please note that all of these forms are closed blocks of business.

Sincerely,

A handwritten signature in black ink, appearing to read "Emily Byrnes".

Emily Byrnes  
Actuarial Analyst Trainee  
Phone: (309) 763-6988  
Fax: (309) 766-1827  
Email: emily.byrnes.ml1j@statefarm.com



## **Certificate of Compliance with Arkansas Rule and Regulation 19**

Insurer: State Farm Mutual Automobile Insurance Company

Form Number(s): 97047AR, 97001, 97013, 97023, and 97032 Series and attached riders 99246, 99337, 99390, and 99391

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



---

Signature of Company Officer

Tony Phipps, FSA, MAAA

---

Name

Actuarial Director I

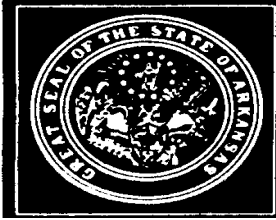
---

Title

June 9, 2011

---

Date



ARKANSAS  
INSURANCE  
DEPARTMENT

1200 West Third Street  
Little Rock Arkansas 72201-1904  
501-371-2600

Mike Pickens  
Insurance Commissioner

ATTN: LIFE & HEALTH DIVISION, ARKANSAS INSURANCE DEPARTMENT

Company Name: State Farm Mutual Automobile Insurance Company  
Company NAIC Code: 176-25178  
Company Contact Person & Telephone # Emily Byrnes, Actuarial Analyst  
309-763-6988  
Form Number(s): 97047AR, 97001, 97013, 97023, and 97032 series and riders 99246, 99337, 99390  
and 99391

\*\*\*\*\*  
\* INSURANCE DEPARTMENT USE ONLY \*  
\* \*  
\* ANALYST: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ ROUTE SLIP: \_\_\_\_\_ \*  
\*\*\*\*\*  
ALL FEES ARE PER EACH INSURER, PER ANNUAL STATEMENT LINE OF BUSINESS,  
UNLESS OTHERWISE INDICATED.

FEE SCHEDULE FOR ADMITTED INSURERS

RATE/FORM FILINGS

Life and/or Disability policy form filing  
and review, per each policy, contract, annuity  
form, per each insurer, per each filing

\* \_\_\_\_\_ x \$50 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability - Filing and review of  
each rate filing or loss ratio guarantee filing,  
per each insurer.

\* 1 x \$50 = **\$50**

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability Policy, Contract or  
Annuity Forms: Filing and review of each  
certificate, rider, endorsement or application  
if each is filed separately from the basic form.

\* \_\_\_\_\_ x \$20 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Policy and contract forms, all lines, filing  
corrections in previously filed policy and  
contract forms.

\* \_\_\_\_\_ x \$20 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

Life and/or Disability: Filing and review of  
Insurer's advertisements, per advertisement, per  
each insurer.

\* \_\_\_\_\_ x \$25 = \_\_\_\_\_

\*\*Retaliatory \_\_\_\_\_

AMEND CERTIFICATE OF AUTHORITY

Review and processing of information to  
amend an Insurer's Certificate of Authority.

          \* x \$400 =           

Filing to amend Certificate of Authority.

         \*\*\* x \$100 =          

\*THESE FEES ARE PAYABLE UNDER THE NEW FEE SCHEDULE AS OUTLINED UNDER RULE  
AND REGULATION 57.

\*\*THESE FEES ARE PAYABLE UNDER THE OLD FEE SCHEDULE AS OUTLINED UNDER ARK.  
CODE ANN. 23-63-102, RETALIATORY TAX.

\*\*\*THESE FEES ARE PAYABLE AS REQUIRED IN ARK. ANN. 23-61-401.

<i>SERFF Tracking Number:</i>	<i>STLH-127251399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>State Farm Mutual Automobile Insurance Company</i>	<i>State Tracking Number:</i>	<i>49057</i>
<i>Company Tracking Number:</i>	<i>2011 AR CY BHS</i>		
<i>TOI:</i>	<i>H151 Individual Health - Hospital/Surgical/Medical Expense</i>	<i>Sub-TOI:</i>	<i>H151.001 Health - Hospital/Surgical/Medical Expense</i>
<i>Product Name:</i>	<i>Basic Hospital Surgical</i>		
<i>Project Name/Number:</i>	<i>2011 AR CY BHS/</i>		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date:	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
06/14/2011	Rate and Rule	Basic Hospital Surgical	06/15/2011	2011 Arkansas (CC CI)-C19.pdf (Superceded) 2011 Arkansas (Riders)-YC.pdf (Superceded) 2011 Arkansas(CY)-S53.pdf (Superceded) 2011 Arkansas(CQ)-P13.pdf (Superceded)

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
BLOOMINGTON, ILLINOIS

HOSPITAL-SURGICAL POLICY - FORM 97013 & 97001  
STEP RATE PREMIUMS

PROPOSED RATES

Includes Hospital Daily Benefit, Miscellaneous In-Hospital Expense, Surgical Expense, Physicians In-Hospital Expense,  
Emergency Accident Expense and Extended Care Benefit

INDIVIDUAL MALE

Daily Benefit	Surgical Expense	Premium Mode	Attained Age								
\$20	\$600		16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65+*
		A	125.2	130.8	136.2	155.3	181.7	215.5	253.5	294.2	147.2
		S	63.8	66.7	69.5	79.2	92.8	110	129.2	150.1	75.1
		Q	32.7	34	35.5	40.4	47.3	56.1	66	76.6	38.3
\$30	\$600	A	146.3	153.2	160.2	184.7	218.7	262.4	311.8	364.3	182.2
		S	74.5	78.3	81.7	94.1	111.6	133.9	159	185.8	92.9
		Q	38.2	39.9	41.7	48	56.9	68.2	81.1	94.7	47.4
\$40	\$1,000	A	178.2	187.5	196.7	228.6	273.1	330.1	395.2	465.2	232.6
		S	90.8	95.6	100.4	116.7	139.2	168.3	201.7	237.2	118.7
		Q	46.3	48.9	51.2	59.5	70.9	85.8	102.7	120.8	60.5
\$50	\$1,000	A	197.4	208	218.6	255.2	306.5	372.6	448.5	529.7	264.8
		S	100.7	106.1	111.4	130.2	156.3	190.1	228.6	270.1	135.1
		Q	51.3	54	56.9	66.3	79.6	96.8	116.7	137.8	68.9
\$60	\$1,500	A	231.4	244.6	257.5	302.2	364.6	444.8	537.2	637.1	318.5
		S	118	124.6	131.3	154	186	226.9	274	324.9	162.5
		Q	60.1	63.5	66.9	78.5	94.7	115.6	139.6	165.6	82.9
\$70	\$1,500	A	250.6	264.7	279.2	328.7	398.2	487.6	590.6	701.5	350.7
		S	127.8	135.1	142.4	167.5	203	248.6	301.2	357.6	178.8
		Q	65.1	68.9	72.7	85.5	103.5	126.7	153.6	182.3	91.2
\$80	\$1,500	A	269.7	285.3	301.1	355.3	431.6	530.1	643.7	766	383.1
		S	137.7	145.6	153.6	181.1	220.1	270.4	328.3	390.6	195.4
		Q	70.1	74.3	78.3	92.2	112.1	137.8	167.3	199.1	99.5

INDIVIDUAL FEMALE

Daily Benefit	Surgical Expense		Attained Age								
\$20	\$600		16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65+*
		A	157	192.9	220.4	242	250.9	256.2	262.4	294.2	147.2
		S	80.1	98.4	112.4	123.4	127.9	130.6	133.9	150.1	75.1
		Q	40.8	50.1	57.3	62.8	65.2	66.5	68.2	76.6	38.3
\$30	\$600	A	183.1	226.9	260.8	288.6	302.2	310.3	320.8	364.3	182.2
		S	93.3	115.6	133	147.3	154	158.3	163.5	185.8	92.9
		Q	47.6	58.9	67.8	75.1	78.5	80.7	83.4	94.7	47.4
\$40	\$1,000	A	228	287	333.1	369.1	385.7	395.5	410.1	465.2	232.6
		S	116.3	146.4	169.9	188.3	196.7	201.8	209	237.2	118.7
		Q	59.3	74.5	86.6	95.8	100.4	102.8	106.6	120.8	60.5
\$50	\$1,000	A	251.8	318.3	369.7	411.4	431.9	444.5	463.5	529.7	264.8
		S	128.4	162.3	188.5	209.8	220.2	226.8	236.3	270.1	135.1
		Q	65.4	82.8	96	107.1	112.4	115.5	120.6	137.8	68.9
\$60	\$1,500	A	300.5	384.1	448.8	499.3	522.7	536.5	566.8	637.1	318.5
		S	153.2	196	228.9	254.7	266.6	273.6	289	324.9	162.5
		Q	78.3	99.9	116.8	129.9	135.8	139.5	147.4	165.6	82.9
\$70	\$1,500	A	324.2	415.3	485.4	541.5	568.6	585.5	620.3	701.5	350.7
		S	165.5	211.7	247.5	276.2	289.8	298.6	316.3	357.6	178.8
		Q	84.5	107.9	126.2	140.8	147.8	152.3	161.2	182.3	91.2
\$80	\$1,500	A	347.8	446.2	521.9	583.5	614.8	634.4	673.9	766	383.1
		S	177.5	227.5	266.3	297.5	313.5	323.6	343.7	390.6	195.4
		Q	90.4	116	135.7	151.7	159.9	165	175.2	199.1	99.5

\*Renewals Only

Modes Other Than Annual:

Semiannual Mode:

51% of Annual

Quarterly Mode:

26% of Annual

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
BLOOMINGTON, ILLINOIS

HOSPITAL-SURGICAL POLICY - FORM 97013 & 97001  
STEP RATE PREMIUMS

Includes Hospital Daily Benefit, Miscellaneous In-Hospital Expense, Surgical Expense, Physicians In-Hospital Expense,  
Emergency Accident Expense and Extended Care Benefit

HUSBAND AND WIFE

Daily Benefit	Surgical Expense		Attained Age								
			16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64*	65+*
\$20	\$600	A	267	286.8	324.5	368.8	411.6	453.1	496.6	553.8	276.9
		S	136.2	146.3	165.6	188	210	231.2	253.4	282.5	141.3
		Q	69.4	74.5	84.5	95.8	107.1	117.9	129	143.9	72
\$30	\$600	A	313.9	338.4	385.1	441.1	497.1	552.1	610.5	686.7	343.4
		S	160.1	172.5	196.4	225	253.6	281.5	311.5	350.3	175.2
		Q	81.7	87.9	100.1	114.6	129.2	143.5	158.9	178.5	89.3
\$40	\$1,000	A	390.7	423.7	486.8	560.5	633.3	704	780.9	881.5	440.8
		S	199.2	216.2	248.3	285.8	322.9	359.1	398.2	449.6	224.9
		Q	101.7	110.1	126.6	145.7	164.6	183.1	203	229.3	114.6
\$50	\$1,000	A	433.4	470.8	541.8	625.8	710.6	793.9	884.8	1003.8	502
		S	221	240.1	276.3	319.1	362.5	404.9	451.3	512	256.1
		Q	112.7	122.4	140.9	162.8	184.7	206.6	230	261.1	130.6
\$60	\$1,500	A	516.4	562.8	652	755.5	857.6	957.3	1070.3	1216.3	608.2
		S	263.4	287	332.4	385.3	437.3	488.2	545.9	620.3	310.2
		Q	134.3	146.3	169.6	196.4	222.9	248.8	278.3	316.2	158.1
\$70	\$1,500	A	559.2	609.8	707.1	820.9	934.9	1047.4	1174.5	1338.6	669.3
		S	285.2	311.1	360.7	418.5	476.9	534.2	598.9	682.7	341.4
		Q	145.3	158.5	184	213.5	243	272.4	305.4	348	174.1
\$80	\$1,500	A	601.8	656.9	761.7	886.2	1012.2	1137	1278.6	1461.7	730.9
		S	306.9	334.9	388.6	452	516.3	579.9	652.1	745.4	372.7
		Q	156.4	170.8	198	230.5	263.1	295.7	332.4	380	190.1

Husband and Wife premiums are based on the Attained Age of Husband

CHILD  
No. of Children Insured

Daily Benefit **	Surgical Expense **		Each			
			1	2	3	Additional
\$20	\$600	A	79.50	159.00	238.50	79.50
		S	40.60	81.20	121.80	40.60
		Q	20.70	41.30	62.20	20.70
\$30	\$600	A	94.00	188.00	282.00	94.00
		S	47.90	95.70	143.60	47.90
		Q	24.40	49.00	73.40	24.40
\$40	\$1,000	A	121.20	242.40	363.60	121.20
		S	61.80	123.50	185.50	61.80
		Q	31.50	62.80	94.40	31.50
\$50	\$1,000	A	134.00	268.00	402.00	134.00
		S	68.20	136.60	204.70	68.20
		Q	34.70	69.50	104.40	34.70
\$60	\$1,500	A	164.50	329.00	493.50	164.50
		S	83.90	167.80	251.80	83.90
		Q	42.80	85.60	128.50	42.80
\$70	\$1,500	A	178.20	356.40	534.70	178.20
		S	90.80	181.70	272.50	90.80
		Q	46.30	92.70	138.90	46.30
\$80	\$1,500	A	191.80	383.60	575.40	191.80
		S	97.80	195.60	293.40	97.80
		Q	50.00	99.90	149.80	50.00

\*\* Child's Daily Benefit and Surgical Maximum must be the same as Insured's

\*Renewals Only

Modes Other Than Annual:

Semiannual Mode: 51% of Annual  
Quarterly Mode: 26% of Annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99246  
\$250,000 Lifetime Maximum Benefit  
\$3,000 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 40-\$ 80	\$5,292.40	\$9,263.30	\$13,233.50	\$6,616.80	\$6,618.30
100-120	\$4,884.70	\$8,550.30	\$12,212.10	\$6,106.10	\$6,106.70
140-160	\$4,479.90	\$7,839.50	\$11,201.10	\$5,600.60	\$5,599.70
180-200	\$4,073.90	\$7,123.50	\$10,180.40	\$5,090.40	\$5,089.40
220+	\$3,665.70	\$6,416.10	\$9,163.10	\$4,581.70	\$4,585.10

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99337  
\$1,000,000 Lifetime Maximum Benefit  
\$1,500 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 40-\$ 80	\$7,959.40	\$13,929.50	\$19,898.90	\$9,949.70	\$9,949.10
100-120	\$7,347.50	\$12,857.00	\$18,364.30	\$9,182.30	\$9,186.40
140-160	\$6,736.50	\$11,788.70	\$16,841.60	\$8,420.90	\$8,418.80
180-200	\$6,123.20	\$10,712.30	\$15,305.90	\$7,653.00	\$7,653.20
220+	\$5,511.40	\$9,647.80	\$13,778.50	\$6,889.30	\$6,892.10

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual



State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99246  
\$1,000,000 Lifetime Maximum Benefit  
\$3,000 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 40-\$ 80	\$5,572.00	\$9,751.20	\$13,929.50	\$6,964.90	\$6,965.10
100-120	\$5,141.70	\$8,999.80	\$12,856.10	\$6,428.10	\$6,429.10
140-160	\$4,716.50	\$8,252.20	\$11,789.70	\$5,894.90	\$5,892.20
180-200	\$4,287.40	\$7,498.30	\$10,716.40	\$5,358.30	\$5,357.60
220+	\$3,859.00	\$6,752.50	\$9,645.70	\$4,822.70	\$4,825.10

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99390  
\$1,000,000 Lifetime Maximum Benefit  
\$2,500 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 60-\$ 80	\$6,369.60	\$11,145.00	\$15,918.90	\$7,959.50	\$7,959.40
100-120	\$5,878.10	\$10,286.50	\$14,691.90	\$7,346.10	\$7,347.50
140-160	\$5,389.60	\$9,431.50	\$13,473.60	\$6,736.90	\$6,736.50
180-200	\$4,897.50	\$8,568.60	\$12,244.20	\$6,122.20	\$6,123.20
220+	\$4,408.70	\$7,717.80	\$11,021.00	\$5,510.50	\$5,514.10

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
Bloomington, Illinois 61710

Catastrophic Medical Expense Rider - Form 99391  
\$1,000,000 Lifetime Maximum Benefit  
\$5,000 Out-of-Pocket Limit  
Annual Rates

Daily Hospital Benefit	Individual Male or Female Attained Age				Child One or More
	16-44	45-54	55-64	65+	
\$ 60-\$ 80	\$4,776.20	\$8,359.10	\$11,938.90	\$5,969.70	\$5,969.80
100-120	\$4,408.70	\$7,717.80	\$11,021.00	\$5,510.50	\$5,514.10
140-160	\$4,042.90	\$7,075.20	\$10,106.80	\$5,053.60	\$5,052.00
180-200	\$3,671.70	\$6,427.30	\$9,182.30	\$4,591.30	\$4,588.60
220+	\$3,310.20	\$5,789.10	\$8,271.70	\$4,136.00	\$4,137.00

Modes Other Than Annual:

Semiannual Mode: 51% of annual

Quarterly Mode: 26% of annual

State Farm Mutual Automobile Insurance Company  
 Bloomington, Illinois  
 Basic Hospital-Surgical Policy  
 Form 97047AR  
 Annual Premiums  
 Base Table  
 Tobacco Rates

\$100 Deductible

	<u>16-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40-44</u>	<u>45-49</u>	<u>50-54</u>	<u>55-59</u>	<u>60-64</u>	<u>65+</u>	<u>Each Child</u>
Male	8,081.00	8,615.44	9,057.29	11,274.81	13,528.45	18,832.97	25,038.85	28,844.25	14,422.12	6,815.07
Female	11,874.85	13,843.98	14,483.97	15,481.91	16,371.80	18,424.60	21,049.21	23,556.63	11,778.33	6,815.07
Male	6,463.51	6,892.43	7,246.51	9,019.82	10,822.73	15,066.08	20,030.59	23,076.30	11,538.17	5,451.37
Female	9,500.15	11,075.16	11,586.34	12,384.91	13,098.32	14,738.99	16,839.41	18,844.58	9,422.30	5,451.37
Male	5,170.51	5,512.99	5,796.40	7,215.54	8,657.93	12,052.55	16,024.18	18,460.63	9,230.37	4,360.58
Female	7,599.26	8,860.11	9,269.64	9,908.28	10,477.59	11,791.13	13,471.75	15,076.32	7,538.18	4,360.58
Male	4,202.11	4,479.07	4,709.57	5,862.06	7,035.25	9,792.48	13,019.78	14,999.11	7,499.59	3,544.06
Female	6,175.13	7,198.81	7,532.26	8,050.08	8,513.70	9,579.95	10,945.04	11,785.58	5,892.85	3,544.06
Male	3,232.40	3,446.18	3,623.90	4,509.95	5,411.44	7,533.77	10,015.18	11,538.75	5,769.39	2,726.33
Female	4,750.83	4,415.94	5,793.79	6,193.15	6,549.77	7,370.09	8,419.67	9,422.92	4,711.43	2,726.33
Male	2,585.32	2,756.52	2,898.23	3,607.82	4,329.00	6,026.25	8,012.12	9,230.41	4,615.26	2,180.27
Female	3,799.66	4,430.07	4,634.86	4,954.19	5,238.83	5,895.51	6,735.86	7,538.16	3,769.07	2,180.27

Table S53  
 Arkansas

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY  
BLOOMINGTON, ILLINOIS

HOSPITAL-SURGICAL POLICY - FORM 97032 SERIES  
ANNUAL STEP RATE PREMIUMS WITHOUT SURGICAL SCHEDULES

Includes Hosital Daily Benefit - (\$100 Deductible), Intensive Care Benefit, Miscellaneous Medical Expense - (20% coinsurance),  
Physicians in-Hospital Expense, Extended are Benefit, Ambulance Benefit, and Home Health Care Benefit.

HDB		16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
\$40	ADULT CHILD	1,117.40 1,111.70	1,217.40	1,442.50	1,680.00	1,974.60	2,428.70	3,202.60	3,452.50	1,726.50
\$60	ADULT CHILD	1,540.40 1,533.60	1,677.90	1,992.00	2,329.10	2,733.90	3,359.50	4,360.70	4,717.40	2,358.60
\$80	ADULT CHILD	1,786.30 1,781.10	1,943.80	2,314.20	2,714.30	3,191.90	3,916.60	5,033.90	5,448.90	2,724.50
\$100	ADULT CHILD	2,028.60 2,023.10	2,206.80	2,630.00	3,092.30	3,636.90	4,461.50	5,693.60	6,163.90	3,082.00
\$120	ADULT CHILD	2,253.20 2,246.80	2,449.50	2,923.50	3,442.90	4,055.90	4,969.80	6,307.20	6,830.30	3,415.00
\$140	ADULT CHILD	2,469.40 2,463.00	2,682.10	3,204.90	3,781.10	4,454.70	5,456.80	6,899.50	7,470.80	3,735.20
\$160	ADULT CHILD	2,702.60 2,696.90	2,932.90	3,508.80	4,144.10	4,886.30	5,981.60	7,536.90	8,160.00	4,079.90
\$180	ADULT CHILD	2,930.50 2,925.00	3,180.40	3,806.20	4,499.60	5,306.00	6,494.90	8,161.70	8,838.30	4,418.90
\$200	ADULT CHILD	3,189.20 3,183.80	3,460.40	4,144.10	4,902.00	5,782.60	7,076.10	8,868.00	9,603.80	4,801.90
\$220	ADULT CHILD	3,448.30 3,442.90	3,740.20	4,481.40	5,306.00	6,259.10	7,657.10	9,576.60	10,372.50	5,186.20
\$240	ADULT CHILD	3,707.70 3,702.00	4,020.30	4,818.90	5,708.10	6,734.90	8,236.50	10,284.40	11,138.20	5,569.00
\$260	ADULT CHILD	3,966.60 3,961.00	4,301.10	5,156.60	6,111.60	7,211.00	8,817.80	10,993.60	11,906.00	5,953.30
\$280	ADULT CHILD	4,226.00 4,220.20	4,581.10	5,494.50	6,513.10	7,687.70	9,399.30	11,700.20	12,671.20	6,335.70
\$300	ADULT CHILD	4,485.00 4,478.80	4,861.80	5,831.90	6,916.50	8,162.30	9,980.60	12,410.40	13,439.00	6,719.60
\$320	ADULT CHILD	4,744.00 4,738.20	5,141.70	6,170.00	7,319.50	8,640.50	10,560.80	13,115.90	14,206.20	7,103.30
\$340	ADULT CHILD	5,002.80 4,997.20	5,421.60	6,507.90	7,722.80	9,114.90	11,141.40	13,826.20	14,974.60	7,487.10
\$360	ADULT CHILD	5,262.20 5,255.70	5,701.70	6,844.80	8,124.80	9,592.10	11,722.00	14,532.40	15,739.30	7,869.80
\$380	ADULT CHILD	5,520.90 5,515.30	5,981.60	7,183.00	8,526.60	10,068.20	12,302.60	15,240.30	16,505.80	8,253.10
\$400	ADULT CHILD	5,780.00 5,774.20	6,260.70	7,520.40	8,928.30	10,545.00	12,882.00	15,946.70	17,272.10	8,636.10
\$420	ADULT CHILD	6,037.70 6,032.30	6,541.20	7,856.80	9,330.70	11,020.20	13,464.00	16,653.70	18,040.40	9,020.30
\$440	ADULT CHILD	6,296.00 6,289.70	6,820.90	8,193.90	9,733.30	11,495.60	14,045.20	17,360.20	18,808.50	9,404.40
\$460	ADULT CHILD	6,553.70 6,548.40	7,100.80	8,530.40	10,135.90	11,970.80	14,627.80	18,066.40	19,575.50	9,788.00
\$480	ADULT CHILD	6,812.20 6,806.10	7,380.60	8,866.70	10,537.90	12,446.00	15,209.10	18,773.30	20,344.10	10,171.90

ADDITION TO GROSS PREMIUMS PER \$10 OF HOSPITAL DAILY BENEFIT IN EXCES OF \$480

	16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
ADULT CHILD	143.80 143.60	155.60	187.30	223.70	264.50	323.70	393.60	428.00	213.80

ADDITION TO GROSS PREMIUMS PER \$100 OF SURGICAL SCHEDULE

	16-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65+
ADULT CHILD	17.10 17.10	19.40	23.80	26.00	26.30	32.10	37.90	37.90	18.90

Modes Other Than Annual:

Child Rates # Children Factor

Semiannual Mode:	51% of Annual	1	1.00
Quarterly Mode:	26% of Annual	2	2.00
		3 or more	3.00

Table P13  
Arkansas

500	6508.7	7051.1	8472.1	10072.3	11896.9	14539.6	17928.2	19432.8	9715.7
	6502.5								
520	6738.1	7299.3	8770.9	10429.1	12318.7	15055.8	18556	20115.4	10056.7
	6731.5								
540	6967.5	7547.5	9069.7	10785.9	12740.5	15572	19183.8	20798	10397.7
	6960.5								
560	7196.9	7795.7	9368.5	11142.7	13162.3	16088.2	19811.6	21480.6	10738.7
	7189.5								
580	7426.3	8043.9	9667.3	11499.5	13584.1	16604.4	20439.4	22163.2	11079.7
	7418.5								
600	7655.7	8292.1	9966.1	11856.3	14005.9	17120.6	21067.2	22845.8	11420.7
	7647.5								